
State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist
Product Name: Professional & Dental Business Liability
Project Name/Number: Policy Rewrite/

Filing at a Glance

Company: The Dentists Insurance Company
Product Name: Professional & Dental Business Liability
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0030 Dentist
Filing Type: Rule
Date Submitted: 08/16/2013
SERFF Tr Num: DENT-129163972
SERFF Status: Closed-Filed
State Tr Num: DENT-129163972
State Status:
Co Tr Num: PL-RULE-0114

Effective Date: 01/01/2014
Requested (New):
Effective Date: 01/01/2014
Requested (Renewal):
Author(s): Dora Earls, Richard Pike
Reviewer(s): Gayle Neuman (primary)
Disposition Date: 08/21/2013
Disposition Status: Filed
Effective Date (New): 01/01/2014
Effective Date (Renewal): 01/01/2014

State Filing Description:

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist
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Filing Company: The Dentists Insurance Company

General Information

Project Name: Policy Rewrite

Project Number:

Status of Filing in Domicile: Not Filed

Domicile Status Comments: We will be filing for use effective our common anniversary date of July 1, 2014

Reference Organization:

Reference Title:

Reference Number:

Advisory Org. Circular:

Filing Status Changed: 08/21/2013

State Status Changed:

Deemer Date:

Created By: Dora Earls

Submitted By: Dora Earls

Corresponding Filing Tracking Number:

Filing Description:

With this filing, The Dentists Insurance Company is replacing its existing Professional & Business Liability rule manual with an updated manual to correspond with our updated Professional & Dental Business Liability forms.

Company and Contact

Filing Contact Information

Dora Earls, Director of Underwriting
1201 K St 17th Fl
Sacramento, CA 95814

dora.earls@cda.org
916-554-5375 [Phone]
916-554-5957 [FAX]

Filing Company Information

The Dentists Insurance Company
1201 K St. 17th Floor
Sacramento, CA 95814
(800) 733-0634 ext. [Phone]

CoCode: 40975
Group Code:
Group Name:
FEIN Number: 94-2698799

State of Domicile: California
Company Type: Stock
Company
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

State:	Illinois	Filing Company:	The Dentists Insurance Company
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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
Completed

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Completed

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Noted

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Noted

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Noted
When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: Noted

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/21/2013	08/21/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	08/21/2013	08/21/2013
Pending Industry Response	Gayle Neuman	08/21/2013	08/21/2013
Pending Industry Response	Gayle Neuman	08/20/2013	08/20/2013

Response Letters

Responded By	Created On	Date Submitted
Dora Earls	08/21/2013	08/21/2013
Dora Earls	08/21/2013	08/21/2013
Dora Earls	08/20/2013	08/21/2013

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Disposition

Disposition Date: 08/21/2013
Effective Date (New): 01/01/2014
Effective Date (Renewal): 01/01/2014
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document (revised)	Manual		Yes
Supporting Document	Manual		Yes
Rate (revised)	TDIC IL Rule Manual		Yes
Rate	TDIC IL Rule Manual		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/21/2013
Submitted Date	08/21/2013
Respond By Date	08/28/2013

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

I assumed with the statement "see state specific page for aggregate coverage limit" that there was information put on the rate page about the aggregate. I see the nine pages of the manual - but I don't see a state specific page indicating the aggregate. Please advise.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
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Product Name: Professional & Dental Business Liability
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/21/2013
Submitted Date	08/21/2013
Respond By Date	08/28/2013

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

The response to the aggregate issue indicated "see state specific page for aggregate coverage limit" - please provide this under the "supporting documentation" tab.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

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Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/20/2013
Submitted Date	08/20/2013
Respond By Date	08/30/2013

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

- 1. Pursuant to 215 ILCS 5/143(s), professional liability coverage must have separate limits (including aggregates). For example, general liability cannot reduce the limits of the professional liability coverage. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2).*
- 2. Under Locum Tenens Endorsement, "insured's" should be "insureds". Under Indentity Theft Recovery Coverage, "coverage's" should be "coverages". Under Extended Reporting Period Endorsement, "insured's" should be "insureds".*
- 3. Under Non-Renewal, reason 9 is a reason to deny a claim but it doesn't seem like a reason for nonrenewal.*
- 4. Is the extended reporting period endorsement issued for a one year period or is it infinite?*
- 5. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2013
Submitted Date	08/21/2013

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

The manuals are the same in every state except where noted. The final page of each manual, page 8 of this manual, is the state specific page. This page has been revised to include the new mandatory endorsement under LIMITS.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Dora Earls

State:	Illinois	Filing Company:	The Dentists Insurance Company
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Project Name/Number:	Policy Rewrite/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2013
Submitted Date	08/21/2013

Dear Gayle Neuman,

Introduction:

my apologies

Response 1

Comments:

I previously updated the rule tab not the supporting documentation tab. Both tabs now reflect the corrected, updated manual

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual
Comments:	
Attachment(s):	IL PL Rules Manual 0114 clean.pdf IL PL Rules Manual 0114 redline.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual</i>
Comments:	
Attachment(s):	<i>IL PL Rules Manual 0114 clean.pdf IL PL Rules Manual 0114 redline.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:	DENT-129163972	State Tracking #:	DENT-129163972	Company Tracking #:	PL-RULE-0114
State:	Illinois	Filing Company:	The Dentists Insurance Company		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist				
Product Name:	Professional & Dental Business Liability				
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Dora Earls

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Product Name:	Professional & Dental Business Liability		
Project Name/Number:	Policy Rewrite/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/20/2013
Submitted Date	08/21/2013

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

1- TDIC has created a state specific endorsement to allow the business liability to have a separate aggregate from the professional liability aggregate limit. I have updated the rule manual with these changes, submitted a revised clean, and redline version for your review. I will also add the new endorsement to the form filing for approval.

2- I have made the requested corrections and have attached an updated redline and clean rule manual for your reference.

3- This non-renewal reason is filed in all states. It would be a rare occasion that TDIC uses this reason. However, if someones failure to report a claim were so erroneous, it would seem that the reason of claim frequency or claim severity would be used. The non-renewal reasons are the same in every state and if possible, we respectfully request to keep them for consistency purposes.

4- The Extended Reporting Period endorsement for Professional Liability is indefinite; the Extended Reporting Period Endorsement for Employment Practices Liability is one year.

5-Yes, TDIC has a method for reporting statistical information, which is handled in-house by our finance department.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	TDIC IL Rule Manual	all	Replacement	DENT128679211	08/21/2013 By: Dora Earls
<i>Previous Version</i>					
1	TDIC IL Rule Manual	all	Replacement	DENT128679211	08/16/2013 By: Dora Earls

Conclusion:

Thank you for your prompt review. Please let me know if additional information is needed.

Sincerely,

Dora Earls

State:	Illinois	Filing Company:	The Dentists Insurance Company
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Product Name:	Professional & Dental Business Liability		
Project Name/Number:	Policy Rewrite/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		TDIC IL Rule Manual	all	Replacement	DENT128679211	IL PL Rules Manual 0114 clean.pdf IL PL Rules Manual 0114 redline.pdf

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY
RULES**

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. See state specific page for aggregate coverage limit

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0114AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Multiline policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

LIMITS

Illinois Mandatory Endorsement TDIC 2521-0114IL- Illinois Aggregate endorsement will be attached to all policies - The aggregate limit of insurance applies separately to both the Professional Liability and Dental Business Liability coverages.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY
RULES**

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ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

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TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

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CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, <u>Certified Registered Nurse Anesthetist (CRNA)</u> , or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

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TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

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Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. See state specific page for aggregate coverage limit.

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VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

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TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

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IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-~~0114AS~~ will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

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PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

Deleted: BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED¶

¶ TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.¶

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

Deleted: Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.¶

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NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

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The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

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Territory B – All counties except Cook County

DISCOUNTS

~~Multiline~~ policy discount of 12%.

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STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

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Illinois Mandatory Endorsement TDIC 2521-0114IL- Illinois Aggregate endorsement will be attached to all policies - The aggregate limit of insurance applies separately to both the Professional Liability and Dental Business Liability coverages.

CANCELLATION

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Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

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State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist		
Product Name:	Professional & Dental Business Liability		
Project Name/Number:	Policy Rewrite/		

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	TDIC completed a policy rewrite of all products which has been filed under a seperate form fiing. The attached letter explains the changes to the form in detail, The rule manual was updated to coorespond with the changes in the policy as well as for consistancy and clarity.
Attachment(s):	PL covr letr.August 13..pdf
Item Status:	
Status Date:	
Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	There is no rate impact from this filing. Updated rule manual only
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Certification
Bypass Reason:	Rule filing only. No change in rates
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Manual
Comments:	
Attachment(s):	IL PL Rules Manual 0114 clean.pdf IL PL Rules Manual 0114 redline.pdf

SERFF Tracking #:	DENT-129163972	State Tracking #:	DENT-129163972	Company Tracking #:	PL-RULE-0114
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State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist		
Product Name:	Professional & Dental Business Liability		
Project Name/Number:	Policy Rewrite/		

Item Status:	
Status Date:	

Filing Memorandum

With this filing, The Dentists Insurance Company is replacing its existing Professional & Business Liability forms with updated Professional & Dental Business Liability forms. The following are explanations of changes to these forms. Changes that modify the scope of coverage are identified specifically as such. All other changes are to convert wording to plain English style, improve readability, or otherwise provide greater clarity or specificity.

Prefatory Paragraph

The opening paragraph is edited for plain English style.

I. Coverage Agreements

- By referencing “the insured” instead of “you,” Coverages A, B, C and E are expanded to include the insured dentist’s practice corporation or partnership, as detailed in Section VI.
- “Damages” is now a defined term.
- Part 2 of Section VI.A of the current form, which specifies when “related claims” are deemed first made against the insured, is now incorporated into each of the “claims made” Coverage Agreements: Coverages A, C and F.
- Each agreement is edited for plain English style and to adopt an easier-to-read outline format.

A. Dentists Professional Liability

This Coverage Agreement is edited for readability and to clarify the scope of coverage

B. Dental Business Liability

- The new form clarifies this Agreement’s limit of coverage by replacing “injury that results from your practice of the dental profession” with “injury or damage that results from your dental business operations,” defined to mean “operations of your dental practice other than providing dental treatment to patients.”
- Other changes are for readability and to clarify the scope of coverage.

D. Employment Practices Liability

Coverage D, including its separately stated Exclusions, Insureds, Limits of Liability, Conditions and Definitions, has been moved to a separate Employment Practices Liability Endorsement that, when the Named Insured chooses to buy it, will become part of the Policy and included on the Declarations Insert.

E. Dental Medical Waste Legal Defense

This coverage has been changed from a “duty to pay” defense costs to a “duty to defend” coverage. It continues to provide defense coverage only, with no indemnity against liability.

F. Regulatory Authority Legal Defense Costs

This Coverage Agreement is edited for readability and to clarify the scope of coverage. Part 2 of Subsection G. of the current form (Defense) is re-located to become a subsection of this Coverage F, as it has the only remaining “duty to pay” defense provision under the new form.

G. Defense

Coverage has been expanded to provide a defense on behalf of the Named Insured to indemnitees the Named Insured is required to defend under an Insured Contract, subject to terms and conditions set forth in new part 2. (Part 2 of the current form has been moved to Coverage F as explained above.)

Sections III – Supplementary Payments and IV – Medical Payments & Patient Property Loss

These Sections of the current form have been re-numbered as Sections II and III of the new form so that they follow immediately after the Coverage Agreements. Both sections are edited for plain English style and readability. In addition these sections of the current form are changed as follows:

- Section II.A., which specifies that TDIC’s costs of defending the insured are in addition to applicable Limits of Liability, now specifies that its scope does not include defense costs the insured is obliged to reimburse to TDIC under new Condition E (Section VII).
- The Medical Payments coverage of Section III. is revised to be payable only to the Named Insured as reimbursement for expenses the Named Insured pays to or for the injured third person.
- The time within which medical expenses must be reported has been reduced from one year to 180 days.
- Current Section III.F – Loss of or Damage to Personal Property of Patients has been moved from Supplementary Payments to new Section III – Medical Payments & Patient Property Loss. Covered loss or damage must now be reported within ninety days.

Section IV – Exclusions

Most exclusions of Section IV are edited for plain English style, to adopt greater use of an easier-to-read outline format and to state exclusions’ scope more specifically. In addition this Section of the current form is changed as follows:

A. Under Any Coverage Agreement

- o Exclusion A.1 is revised to specify in more detail three risks to which this Professional & Dental Business Liability Policy does not apply:
 - Risks of businesses and entities other than the insured’s dental practice;
 - Risks of owning property (covered under TDIC’s separate Dentist’s General Liability Policy); and
 - Risks of locations the Named Insured has not included as an Insured Location under this policy.
- However this exclusion does not apply to the Named Insured’s use of other locations while working as an employee or independent contractor for another dentist.
- o Exclusion A.4 is edited to emphasize that it applies to all forms of liability imposed on the insured as a fine or penalty.

- o Exclusion A.5 now includes within its scope Exclusion C.1 of the current policy form and is edited to state more specifically the types of business and contractual relationships it includes.
- o Current Exclusion A.12 is moved to section IV.D of the new form, and incorporated into the Employment Practices Liability Endorsement (Coverage D), to apply only to liability under Coverages B and D, respectively, because such claims are covered, if at all, only under those Coverages.
- o Current Exclusion A.13 is moved to Section IV.C. of the new form to apply only to liability under Coverages A. and F.
- o New Exclusion A.15 subsumes current Exclusions C.1 and D.2, which exclude liability assumed under a contract except those the policy specifies in the exclusions. The new form defines the indemnity agreements the policy covers as an “insured contract,” which under the new form is defined separately for Coverages A and B. Each definition expands contractual indemnity coverage over the current form. Under Coverage A, “insured contract” is one in which the Named Insured, or his/her “Dental Practice Entity,” assume the secondary liability of another for the Named Insured’s acts or omissions in rendering dental services. (The current policy limits such coverage to contracts with PPO’s, HMO’s, IPA’s and similar organizations.) Under Coverage B of the new form, an “insured contract” includes one in which the Named Insured, or his/her Dental Practice Entity, assume the secondary liability of another for the Named Insured’s acts or omissions. (The current policy, in its definition of “incidental contract,” limits such coverage to the Named Insured’s lease and other agreements related to the insured premises only.)

B. Under Coverage A, C and F

These exclusions are edited for plain English usage, readability and to state their scope more specifically.

C. Under Coverages A and F

- Current Exclusion 1 – liability assumed under a contract – is incorporated into new Exclusion 15 of Section IV.A. (See above.)
- Current Exclusion 13 of Section VI.A. – unlicensed treatment – is narrowed to provide greater coverage in two respects. It is moved to this Section IV.C. so that it applies only to Coverage A. And its wording is narrowed so that the Named Insured is protected against claims based on acts or omissions by other unlicensed individuals. The exclusion now applies only to claims based on unlicensed activity by the Named Insured.
- New Exclusion IV.C.3 expressly bars coverage for the unlicensed handling of controlled substances. This exclusion does not reduce coverage because, under the current policy form, the unlicensed prescription, dispensing or providing of controlled substances is outside the scope of Coverage A and excluded as a “criminal” act.
- New Exclusion IV.C.4 expressly bars coverage for services outside the scope of lawful dental practice. This exclusion does not reduce coverage because, under the current policy form, such services are outside the scope of Coverage A and excluded as a “criminal” act.
- New Exclusion IV.C.5 bars coverage under Coverage A for violations of federal and state privacy statute. This exclusion operates only to allocate “personal injury” liability for such violations to Coverage B – Dental Business Liability.

D. Under Coverage B

- Exclusions 1, 2, 4, 5 and 6 are edited for plain English usage, readability and to state their scope more specifically.
- Exclusion A.12 of the current form, which excludes certain claims for “personal injury” and “advertising injury” under Coverage B, is moved to Exclusion B.1 of the new form and now includes additional industry-standard exclusions barring coverage for “personal injury” and “advertising injury” resulting from certain website content and Internet and fax communications.
- New Exclusion IV.D.3. excludes liability for breach of contract except liability that exists independently of any agreement
- New Exclusion IV.D.7 excludes claims by one insured under a TDIC liability policy against another, except cross-claims and third-party claims for contribution or indemnity.

E. Under Coverage C

- Current Exclusions E.1 and E.2 are deleted from the new form because they already appear in Section A., the exclusions of which apply to all Coverages.
- Current Exclusions E.4, E.5 and E.6 are edited to clarify (but not expand) their scope, consistent with similar exclusions that appear in most other competing forms.
- Exclusion E.7 is added to the new form to exclude coverage for the termination of “employee benefits plans,” as do most other competing forms. The addition of this exclusion has no rate impact because the termination of employee benefits plans is regulated by ERISA, which claims are already excluded under the current form.

F. Under Coverage D

These exclusions are moved to the new Employment Practices Liability Endorsement.

G. & H. Coverages E and F

Current exclusions appearing in Subsections G. (Coverage E) and H. (Coverage F) are deleted from the new form because these exclusions duplicate limitations in the Coverage Agreements.

Section V ~ Who is Insured

This section is edited for plain English usage, readability and to state more specifically the circumstances under which individuals and entities other than the Named Insured are entitled to coverage under this policy form. In addition this Section of the current form is changed as follows:

A. Under All Coverages

Coverage is expanded to include the Named Insured’s spouse or domestic partner and his/her heirs, assigns, beneficiaries, executor, administrator, trustee or other legal representative upon the Named Insured’s death.

B. Under Coverages A & B

The current form includes only a defense for the Named Insured's "Dental Practice Entity" and its owners, directors and officers, while a Dental Practice Entity Endorsement provides indemnity. The new form includes both a defense and indemnity.

Section VI – Limits of Liability

- This section is edited for plain English usage and readability and to clarify certain provisions.
- The current form's Aggregate Limit for Coverages A, B and D combined is changed to apply only to Coverages A and B.
- Under the new form the Extended Reporting Endorsement, if issued, applies to Coverages A and F but not Coverage C.

Section VII – Conditions

- This section is edited for plain English usage, readability and to state more specifically certain conditions to coverage. In addition this section of the current form is changed as follows:
- Condition A – Settlement of Claims is amended to specify how the Company will handle certain settlement scenarios under Coverage A when the policy or applicable law affords an insured the right to consent to a settlement.
- The new form adds Condition D, which specifies the terms under which the Company will provide the insured Independent Counsel when the Company's coverage position entitles the insured to such counsel at the Company's expense.
- The new form adds Condition E, which provides the Company certain Rights of Reimbursement of Defense Fees and Costs when the Company defends the insured against covered and non-covered allegations of liability, or when the Company defends a claim subject to a reservation of the right to deny coverage at a later time. The law of some states allows such reimbursement only if reimbursement rights are specified in the policy.
- Current Condition J – Other Insurance – is changed in the new form to make the Company's coverage primary and contributing with other primary insurance except under circumstances specified in part 2 of new Condition H. This is an expansion of coverage.
- The new form adds Condition M – Inspection and Audit rights.

Section VIII – Definitions

- Certain existing definitions are edited for plain English usage, readability and to incorporate an easier-to-read outline style.
- The following defined terms have been added, or changed substantively, in a manner that does not change the scope of coverage:
 - o "Advertising"
 - o "Affiliated persons"
 - o "Damages"
 - o "Dental business operations"
 - o "Dental practice entity"

- o “Premises”
 - o “Professional services”
 - o “Licensing claim”
 - o “Undue familiarity” is a covered “occurrence” under Coverage A of the new form, rather than under Coverage B as in the current form.
- The following defined terms change coverage as follows:
 - o “Advertising injury” and “personal injury” are expanded to include “broadcast” of material
 - o “Employee” is expanded to include independent contractors and leased workers.
 - o “Insured contract” replaces “incidental contract” in the current form and is expanded as explained regarding new Exclusion A.15 above.
 - o “Personal injury” under the new form does not include “wrongful eviction” because the Company covers risks of property ownership under its separate Dental General Liability Policy.
 - o “Pollution or hazardous materials,” which defines the scope of Exclusion A.12 of the new form, is narrowed to except from its scope lawful quantities of products the Named Insured uses to treat patients. This change expands coverage.

If you have any questions or concerns, please feel free to contact me at (916) 554-5375 or at dora.earls@cda.org. Thank you in advance for your time and consideration.

Sincerely,



Dora L Earls, RPLU, ARM, CIC, AIS
Director of Underwriting

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY
RULES**

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. See state specific page for aggregate coverage limit

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0114AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Multiline policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

LIMITS

Illinois Mandatory Endorsement TDIC 2521-0114IL- Illinois Aggregate endorsement will be attached to all policies - The aggregate limit of insurance applies separately to both the Professional Liability and Dental Business Liability coverages.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

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RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND ~~DENTAL BUSINESS~~ LIABILITY
RULES**

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TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

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TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
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Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. See state specific page for aggregate coverage limit.

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VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

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- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

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TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

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IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-~~0114AS~~ will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

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PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

Deleted: BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED¶

¶ TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.¶

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

Deleted: Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.¶

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NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

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The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

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The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Multiline policy discount of 12%.

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STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

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LIMITS

Illinois Mandatory Endorsement TDIC 2521-0114IL - Illinois Aggregate endorsement will be attached to all policies - The aggregate limit of insurance applies separately to both the Professional Liability and Dental Business Liability coverages.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

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DENT-129163972

State Tracking #:

DENT-129163972

Company Tracking #:

PL-RULE-0114

State:

Illinois

Filing Company:

The Dentists Insurance Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0030 Dentist

Product Name:

Professional & Dental Business Liability

Project Name/Number:

Policy Rewrite/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/15/2013		Rate	TDIC IL Rule Manual	08/20/2013	IL PL Rules Manual 0114 clean.pdf (Superceded) IL PL Rules Manual 0114 redline.pdf (Superceded)
08/15/2013		Supporting Document	Manual	08/21/2013	IL PL Rules Manual 0114 clean.pdf (Superceded) IL PL Rules Manual 0114 redline.pdf (Superceded)

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY
RULES**

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

TDIC Rules, Rates and Forms Manual for Illinois

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for “New Dentist” which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insured’s who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured’s place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC’s EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverage's. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0114AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insured's upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Multiline policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND ~~DENTAL BUSINESS~~ LIABILITY
RULES**

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ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage ~~may be~~ available to applicants previously practicing in other states.

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TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants ~~insured under a claims-made policy~~ who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, ~~and~~ semi-annually ~~or~~ monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

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CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, <u>Certified Registered Nurse Anesthetist (CRNA)</u> , or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

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TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

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Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

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VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior ~~to~~ applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-~~0114AS~~ based upon the following:

- Form TDIC2510-~~0114AS~~ attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other ~~dentists practicing in this state and~~ within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

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Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-~~0114~~ AS is an abbreviated application for “New Dentist” which is defined as a newly licensed dentist who has never practiced in the United States or its territories.
Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

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Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

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A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

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OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insured's who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

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EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

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IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both ~~coverage's~~. A policyholder may opt out of IDR coverage if desired.

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~~MULTI-OWNER~~ DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-~~0114AS~~ will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

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PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

~~SPECIAL EVENT ENDORSEMENT~~

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

Deleted: BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED¶

¶ TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.¶

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

Deleted: Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.¶

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NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insured's upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

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An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

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The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

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The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

~~Multiline~~ policy discount of 12%.

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STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

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**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND DENTAL BUSINESS LIABILITY
RULES**

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage may be available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants insured under a claims-made policy who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually and semi-annually or monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

TDIC Rules, Rates and Forms Manual for Illinois

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-0114 AS is an abbreviated application for “New Dentist” which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insured’s who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured’s place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC’s EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverage's. A policyholder may opt out of IDR coverage if desired.

MULTI-OWNER DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0114AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insured's upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Multiline policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

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**PROFESSIONAL AND ~~DENTAL BUSINESS~~ LIABILITY
RULES**

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ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage ~~may be~~ available to applicants previously practicing in other states.

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TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants ~~insured under a claims-made policy~~ who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, ~~and~~ semi-annually ~~or~~ monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

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CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist, <u>Certified Registered Nurse Anesthetist (CRNA)</u> , or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

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TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

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Dental Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Dental Business Liability.

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VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0114AS based upon the following:

- Form TDIC2510-0114AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

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Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Dental Business Liability TDIC 1001-~~0114~~ AS is an abbreviated application for “New Dentist” which is defined as a newly licensed dentist who has never practiced in the United States or its territories.
Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time.

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Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) may be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours may be given a 40% discount. Policyholders who own more than one practice when applying for the part-time discount are not eligible due to the vicarious liability exposure that continues as practice owner.

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A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A multiline discount is given to policyholders that purchase TDIC property insurance in addition to their TDIC professional liability. See state specific rules.

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OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insured's who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

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EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

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IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both ~~coverage's~~. A policyholder may opt out of IDR coverage if desired.

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~~MULTI-OWNER~~ DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-~~0114AS~~ will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

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PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

~~SPECIAL EVENT ENDORSEMENT~~

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

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¶ TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.¶

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insured's upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

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An optional one year extended reporting endorsement for EPLI coverage is included in the policy language.

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The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

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The underwriting committee will also review non-renewals that are brought to them by the underwriting staff each year.

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

~~Multiline~~ policy discount of 12%.

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STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

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